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		1 gru	(Signature) (Date)					
		June 12, 2000						
APPLICATION NO.	FILING DATE	TOTAL CLA	IMS	EXAMINER AND GROUP ART UNIT			DATE MAILED	
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2 2977.1US 385-012.000 J48 UTILITY NO #1210.00 06/13/00 1. Change of correspondence address or indication of *Fee Address* (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. Fee Address* indication (or *Fee Address* or Indication form PTO/SB1/32) attached. Fee Address* indication (or *Fee Address* indication form PTO/SB1/31) attached. SasSiGNEE NAME AND RESIDENCE DATA TO BE PRINTEO ON THE PATENT (print or type) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. AssiGNEE NAME AND RESIDENCE DATA TO BE PRINTEO ON THE PATENT (print or type) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. AssiGNEE NAME AND RESIDENCE DATA TO BE PRINTEO ON THE PATENT (print or type) printed. Assigned the same of a single firm (having as a member a resignered that will appear on the patent, inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment under separate cover. Completion of this form is NOT a substitute for filing an assignment. If no amount of this form is NOT a substitute for the patent inclusion of assignee or deficiency in these less should be charged to: Deposit Account NUMBER 20-1469 (ENCLOSE AN EXTRA COPY OF THIS FORM) Deposit Account NUMBER 20-1469 (ENCLOSE AN EXTRA COPY OF THIS FORM) Deposit Account NUMBER 20-1469 (ENCLOSE AN EXTRA COPY OF THIS FORM) Deposit Account NUMBER 20-1469 (ENCLOSE AN EXTRA COPY OF THIS FORM) Deposit Account of the required to complete this form should be sent to the Chief Information Ordica. Patent and Trademark Office. Patent and Tradem	ATTYS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN, TYPE		SMALL ENTITY	FEE DUE	DATE DUE	
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